If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I  The principal cause of death and related causes of importance were as follows:			Example II  The principal cause of death and related causes Date of onset of importance were as follows:		
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 78 5 193	July 5, 1927	Peritonîtis	3 days ago	
	BUREAU V.	-			
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



V. S. No. 1

	County There	Registration Dist. No. 10 7
		NO. St., Wadeath occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city of own where death occurredyrsgmos.	ds How long in U.S. if of foreign birth?yrsmos
1	2. FULL NAME And WILL	uvu
	(a) Residence: No. / (Usual play of abode)	St.,Ward.  If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male A COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR INVOICED (write the word)	21. DATE OF DEATH Many 19 193 4
5a.	If married, widowed, or divorced Mary Edith Word Burns (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased for May 15 1934 to May 13 193
6.	DATE OF BIRTH (month, day, and year) May 7, 1870	1   1   1   1   1   1   1   1   1   1
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and beest of buch
CUPAT	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	1
000	10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) le la les fount	United Conditionary Causes of Importance.
HER	13. NAME Dell Buch	
FAT	14. BIRTHPLACE (city or town) & harty learny	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
HER	15. MAIDEN NAME Dough Kung	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) & Warter County (State or country)	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury eccurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place classic Date May 21, 1934	Menner of injury
19.	UNDERTAKER Plutt & Myole (Address) Haldey Tink	24. Was disease or injury In any way related to occupation of deceased?
	FILED May 20 3410 Will Bonking	(Signed) / Land Jynnells M

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Example 1		Example II	
The principal cause of death and related rauses of importance were as fallows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 1,1927	Peritonitis	3 days ago
Other contributory causes of importance	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	2.2.0.00	Party.	- your

PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

of OCCUPA.

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

11	A	2	- Ay	7
U	文	8	6	4

1. PLACE OF DEATH	940
County Charles	Registration Dist. No.
Village or City Roll Roll	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
10 177	
2. FULL NAME / Line / Buller	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeal)
5a. If married, widowed, or divorced	
HUSBAND OF Colbut	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) / 8 8 9	I last saw h de alive on 5 - 4 - 19.3 4 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et. #
8 Trade profession or particular	Cate of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.	angua Parton 5/4/3
	1//
SAW MILL, BANK, etc	· · · · · · · · · · · · · · · · · · ·
this occupation (month and spent in this year) ccupation	
12. BIRTHPLACE (city or town) Md	Dther Coutributory Causes of importance:
E 0-	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
H 15. MAIDEN NAME CONTRACTOR	What test confirmed diagnosis?
1 h	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFDRMANT College (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	Nature of Injury
19. UNDERTAKER A CALLER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 - 5 , 19 34 7 L. High Margaret.	(Signed) M. D.  (Address) Manager
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
DAIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	AN

S. No. 1

N. B.

1PLA	CE OF	DEATH	
County	Cole	arl	

# STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 108
Village or City Hugher will (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  May  (Month) 7  (Day) 1934(Year)  17  I HEREEY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he alive on man 6, 193%
7 AGE    If LESS than   I day hrs.   or min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 3 yrs mos de
10 NAME OF FATHER GOOGLE Party  11 BIRTHPLACE OF FATHER  Z (State or country)  (State of country)	(Signed) (Signed) (Signed) (Signed) (Address)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal of Homicial.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death
(Informant) Fra Chancel  (Address) Higher nells Mil  Filed 5/9/34 192 Eva Chappe Car	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Old Feeels Certify May 9, 1924  20 UNDERTAKER  ADDRESS

if more branks are needed, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Former (re-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

letonus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	item of infor-	should state	of OCCUPA-	
R BINDING	A PERMANENT RECORD. Every	ted EXACTLY. PHYSICIANS	perly classified. Exact statement	ificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very impor

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Charles	Registration Dist. No.
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Still by	1.1.
	01 111-1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and spent in this sec	The state of the s
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
L 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Charles Elle	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of Injury
19. UNOERTAKER CLASSICAL CONTRACTOR (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED DA TE Registrar.	(Signed) M. D. (Arddress) M. D.
If more blanks are needed, addless State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage PAUPFAU V. 8.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	•
Thusiones	Muy 1,1925	Tusiroenieruis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1487)
1. PLACE OF DEATH	(59)
County Charles	Registration Dist. No.
Village or City La Plate nd	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Tombones 6	hadrers Muschette and May E. Frederick
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male col OR DIVORCED (write the word)	May 16 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) May 16 1934	I last saw h elive on, 19; death Is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm,
5 day, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Memaline Berth
9. Industry or business in which work was done, as SILK MILL,	H 1
SAW MILL, BANK, etc	monus
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Charles Cy	Other Contributory Causes of importance:
(State or country)	
13. NAME James andrew muschette	,
13. NAME and Ondrew hus challe 14. BIRTHPLACE (city or town). Chase Co. (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Elyatel Frederick	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country) no may la	Where did injury occur?
17. INFORMANT Many Proctor, mid mys	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION OR REMOVAL La Plaine	Manner of injury
Place at home war Date May 21, 1934	Nature of injury
19. UNDERTAKER May Proctor action (Address)	24. Was disease or injury in any way related to occupation of deceased?
3. FILED May 2 19 & William Posly Region.	(Signed) de illian Hoson M. D. (Address) La Plata M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

certificate.

back

instructions on

See

OCCUPA

Jo

STATE OF MADA	LAND-CERTIFICATE	OF DEATH 04976
	ILAND—CERTIFICATE	OF DEATH U4010
. PLACE OF DEATH	97)	
County Charty		Registration Dist. No. 108
Village or City Walkor	C. F.C. No.	St., Ward
Length of residence in city or town where death occurred	yrsds. How long in U.S. if	
FULL NAME albert	Jordins F	
(a) Residence: No. (Usual place of	St., Ward.	If nonresident give city or town and State

	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
nos.	ds. How long In U.S. if of foreign birth?mosds.
R	eur
	St Ward.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	5 193
_	(Month) (Day) (Yeer)
	22. I HEREBY CERTIFY, That I attended deceased from
	lean 10 ,193 2,10 Mean 13, 1934
7	I last saw h alive on death is said
4	to have occurred on the date stated above, at 2-36 Pm.
rs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
_	Greenal wratery Date of onset
1	of old an
Je	- Cran
	actorio-celerosis. Cwga
1	1 Duration: 10 years.
Ŧ	Other Contributory Causes of importance:
	Tru Debilety of
	ald and
	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Au
	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of Injury 19
_	Where did injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	•
1	Menner of Injury
T	Nature of Injury
	24. Was diseaso or injury In eny way related to occupation of deceased?
	If so specify

Posictration Diet No. 100 PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day .....h 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc... 10. Date deceased last worked et 11. Total time (years) this occupation (month end occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (Stete or country) MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 20. FILED S Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PLAINLY

mation should be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NIV.	2)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN



Exact statement of OCCUPA-

STATE OF MADVIAND	CEDTIFICATE OF DEATH
STATE OF MARTLAND	CERTIFICATE OF DEATH 04877
1. PLACE OF DEATH	
County Church	Designation Dist No. 1/27/
County	Registration Dist. No.
Village or City	No. St., / Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME PALLY L. JACKS	
	A
(a) Residence: No. (Usual Slace of abode)	St., Ward.  If nonresident give city or town and State
Alternative and the second sec	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m n musica	(Month) (Day) (Year)
5a. If married, widowed, ar divorced HUSBAND of	(month) (Day) (tear)
HUSBAND of Corp. WIFE of Corp. WIFE of Corp.	22. I HEREBY CERTIFY, That I attended deceased from
mula de o promotos	
COATE OF BIRTH (mark) to 862	I last saw h alive on , 19 ; deeth is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
7. AGE Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the date stated ebove, et. 4-9,-m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Date of onset
No. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	04444 6 11/144 - 64
9. Industry or business in which work was done, as SILK MILL,	1/6/14
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (yeers)	
this occupation (month and spant in this occupation week)	
1 Journal of the second of the	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
THE 13. NAME JULY GUELLE	**************************************
E // // // // // // // // // // // // //	
14. BIRTHPEACE (city or town)	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MILL FAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
TO DESCRIPTION ACT (Six or Asser)	Accident, suicide, or homicide? Date of Injury
16. BIRTHPLACE (city or town)	
0 4 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT S. A. M. J. M. L.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 5 - 19 8 4	Nature of injury
100.011 11.00	
19. UNDERTAKER	24. Wes disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED 0 -16-19 34 7. R. Headon	(Signed) M. D.
Registrar.	(Address)
If more blanks are needed, address Sine Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	3	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instruction

TION is very important.

MOTHER

i a	ب	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
sta		1. PLACE OF DEATH	(17-0)	14878
E P		County Charles	Registration Dist. No.	(1)
shou		Village or City La Plata	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
i s	2		death occurred in a notpital of institution, give its INAIVIE, instead of street and nu ds. How long in U.S. If of foreign birth?yrsmos	
Ever	mer	2. FULL NAME Ruchard Och		
RD. 1	state	(a) Residence: No. New La Platon (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
SH.	101	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
YT RE	EXE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Moly Colord OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
BINDING FEMANE: EXACT	ıssıned	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended do	eceased from
SIN	e.	6. DATE OF BIRTH (month, day, and year) Questo 1874	I last saw h a valive on 2 ,193 ;	death is sald
	perly ificat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
FOR IS A state	properly sertificate	\$659 8 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
000	of ce	8. Trade, profession, or particular kind of work done, as SPINNER, L. SAWYER, BOOKKEEPER, etc.	Jehnin Man of	
	may back	9. Industry or business in which work was done, as SILK MILL,		Oma
ESE INK E sh	at it	10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation coupation		
A PH PR	ge4 and	N. I		

12. BIRTHPLACE (city or town (State or country) FATHER

14. BIRTHPLACE (city or town) \_\_\_\_\_\_9

(State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT

(Address) 18. BURIAL, CREMATION, QR REMOVAL

19. UNDERTAKER (Address)

Registrar.

23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? ... Where did injury occur?\_\_

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury. 24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

What test confirmed diagnosis?.

V. S. No. 1

B

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			- 4

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z	-		1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04879
1. PLACE OF DEATH	92-0
County Charles	Registration Dist. No. 104
Village or City Mt Vactoria	NoSt.,Ward
Length of residence in city or town where death occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
	del T. Te
2. FULL NAME	auru
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Rear)
5a. If married, widowed, or divorced HUSBAND of	(12)
(or) WIFE of Jenne Colbert Middlell	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 - 27 \ /87/	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
6354. 7 1 day,hrs	more ca fellows:
8 Trade profession or particular	Were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	butulh unpling 2/12
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation compation	V
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Any middle	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. And Manager (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Places Like to Date 5 - , 19 3	Nature of Injury
19. UNDERTAKER Brook, Stage	24. Was disease or injury in any way related to occupation of deceased?
(Address)	if so, specify
20. FILED 5 30 > 19 34 Whi Theyling	(Signed) M. D
Registrar.	(Address) / Museum

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II		
The principal cause o of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	III. IIIN	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address)

state

Date of enset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	18			
	/			
Other contributory causes of importance:	100011	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No. 1

m

PLACE OF DEATH  County Large of City Responsible No.  2FULL NAME Scalard D.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /03  St.: Ward) (If death occurred in hisospital or institution, give its NAMK instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Of BIRTH  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH    Nay 22 , 1934
7 AGE (Year) (Day) (Year)  7 AGE (Something of the property of	that I last saw h Limitalive on 2700, 21, 1934, and that death occurred on the date stated above, at // Pro. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Organic Apart
10 NAME OF FATHER John Murphy  11 BIRTHPLACE OF FATHER  (State or country) harlo  12 MAIDEN NAME  OF MOTHER  OF MOTHER  (State or country) harle  (State or country) harle	(Signed)
(Interment) John Musphy- (Address) Musphy- (Address) Musphy- (Address) Musphy- Registral	Where was disease contracted, if not at place of death?  Former or usual residence

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may he indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); "phoid fever (never report "Typhoid Pneumonia"); "I cobar pneumonia. Bronchopneumonia ("Pneumonia.")

inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Meusles (disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Uraemia," "Weakness," etc., when a definite disease Whooping telunus) may be stated under the head of "contributory carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepses American Medical Association.) (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. affection need valendar The contributory heart disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04882
1. PLACE OF DEATH	107-0
county Charles	Registration Dist. No.
Village or City near La Plala	NDSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frances V. Muschell	1) Neale
(a) Residence: Np. La Plata	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 24 ,1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) May 14 9 1932	I last saw h alive on 19 ; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Mrs physicien
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spent in this	
O this occupetion (month and spent in this occupation occupation	
Chas Co ma-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Probably Brancheal Preumone
# 13. NAME ELLAPOR MIRCHETTE	
13. NAME Eugene Mus Chelle  14. BIRTHPLACE (city or town) Chase Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Palherne heale	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Hallem heare  16. BIRTHPLACE (city or town) Chas, Co	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Carres Ht Neal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL  Place At Horne New Pate Man 25 1934	Manner of injury
Place lit Home New Date May 25, 1934	Nature of injury
19. UNDERTAKER James H. heal ading (Address) La Pluta ma-	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED May NS. 1934 As illian Mosle Registrar.	(Signed) dellan VI osen Klasellan (Address) La Plata Ma Plata
If more blanks are needed, address State Registrate	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- 1		
1	Q.F.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

181

V. S. No. 1

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PLA	pluc	FD	ery
N. BWRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
RIT	tion	nS	NO
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County Charle	-		Dogietastina Dist	No. 1	04
Village or City	les d	No.	Registration Dist		Was
village of City	(1	f death occurred in a hospital or ins	litution, give its NAME ins	St., tead of street and	number)
Length of residence in city or town where	death occurredmo	sds How long in U.S.	if of foreign birth?	yrs	mos
2. FULL NAME	mu Vilho	ton			
(a) Residence: No.		St., Ward.			
	(Usual place of abode)	1	If nonresident give		d State
PERSONAL AND STATIST			CERTIFICATE O	F DEATH	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	4	11-	200 1
7- 17	munin		(Month)	(Day)	193 (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	Pilkerton		BY CERTIFY.	That I ettende	d deceased fro
DATE OF BIRTH (month, day, and year)	1.31-1883	I last saw h alive on_			: death Is s
AGE Years Months	Days If LESS than	to have occurred on the date st	tated ebove, et	_m.	
0 0 7	1 day,hrs.	The PRINCIPAL CAUSE OF DE	EATH end releted causes of	Importance	
8. Trade, profession, or particular	/	were es follows.			Data ol one
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	trans	mitral on	way to		A.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this cocuration (mostly and			The state of the s	7	111/3
SAW MILL, BANK, etc	11. Total time (years)		/	/	
this occupation (month and year)	spant in this	43 4			
	4-1	Other Contributory Causes of it	mportance:		4
2. BIRTHPLACE (city or town)	TYTH!	***************************************			
13. NAME  14. BIRTHPLACE (city or town)	Leli-				
	had.				
14. BIRTHPYACE (city or town)(State or country)		Name of operation			
15. MAIDEN NAME	- Can 00	What test confirmed diagnosis?			
	1/ 1-1	23. If death was due to external			
16. BIRTHPLACE (city or town)	H. Mari	Accident, suicide, or homicide?		of injury	, 19
, INFORMANT	Pekuton	Where did injury occur? Specify whether injury occurred	(Specify city or town	n, county and Si or in PUBLIC P	ale) LACE,
BURIAL CREMATION, OR REMOVAL	pro	M			
Place hu fut Cuntin	Date 6 -12 1984	Manner of Injury			
UNDERTAKER (Address)	a. Chamber	Nature of injury  24. Wes disease or injury in en			
FILED 6 - 1/- 1934	J. L. Herdon	(Signed) (Address)	グストラ	agel	M. M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BAREAU V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

certificate.

See instructions on back of

TION is very important.

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1. PLACE OF DEATH	23 /10,
County Charles	Registration Dist. No. / U
Village or City rangemory	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
CP. · P	
2. FULL NAME / (see / sug.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ternale 93 OR DIVORCED (write the word)	may 13 193 4
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeaf)
HUSBAND of (or) WIFE of	22. HEREBY CERT FY. That I ettended deceased from
~ IN IN A M	(1907, to My, 1954
6. DATE OF BIRTH (month, day, and yeer) Cing 15 1927	I lest saw h alive on 1, 19 0 7, death is seld
7. AGE Years Months Cays If LESS than 1 dey,	to have occurred on the date stated above, etm.
0   Y 8   ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, CTT lame.	Outuculous.
kind of work done, as SPINNER,  KIND OF WORK BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupetion (month and spent in this occupation	
12 RIPTHPLACE (city or town) Cheerles Cor. And.	Other Cautributary Cautes of importence:
12. BIRTHPLACE (city or town) Country (State or country)	
E 01. 1. 10 00.1	
14. BIRTHPLACE (city or town) Charle (W. Ma)	Name of operation Date of
	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Carrie Markury 16. BIRTHPLACE (city or town) Charles Ce. And	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
HI.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Chimas mall.  (Address) name mas mall.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	MARCON CARA P
Place namemin mel Date may 15,984	Manner of Injury
The Special Contract of the second	Neture of injury
19. UNDERTAKER A. Marting (Address)  Address)	24. Was disease or Injury in any way related to occupation of deceased?
24. Mariena, Ma	If so, specify Ser, C. Bickeyell
20. FILM 193 4 9 9 Monthson Registrar.	(Address) markum, and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

M	ERMANENT RECORD. Every item of infor-	PHYSICIANS should state	v classified Evant etatement of OCCITDA.
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See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A F properl AGE should be stated MARGIN RESERVED FOR CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			<b>&amp;</b>	04885
County	Charles			Registration Dist, No. 108	0100
Village Dr Length of ra	City Benedici	t	(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and street	Ward
2. FULL N	AME_Infant	Young	(Stillbor		103
		(Usual place		If nonresident give city or town an	d State
J. SEX	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Female	Col.	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 5/28 (Month) (Day)	, 193 <u>4</u> (Yaar)
5a. If married, wide HUSBAND of (or) WIFE of		F /00	/ R A	22. I HEREBY CERT1FY, That I attended	, 19
	(month, day, and year) pars Months	5/28/ Days	If LESS than 1 day,hrs.	to hava occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance were es follows:	; death is said
9. Industry or work w	assion, or particular work done, as SPINNER, R BDDKKEEPER, etc businass in which as dona, as SILK MILL, ILL, BANK, etc	l 11 Total	ime (years)	Stillborn (Report of midwife)	Date of onset
this occ year) _	upation (month and	spa occ	upation	Dther Contributory Causes of importanca:	
13. NAME	Grant Yo	nn à			
	E (city or town)		, Md,	Name of operation Date of	
15. MAIDEN N	AME Geneviev	e Young		What test confirmed diagnosis? Was thera an 23. If daeth was due to externel causes (VIOLENCE) fill in also the followin	
-		has. Co.	, Md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT (Address)	Sidney E Aquasco,	the A		(Specify city or town, county and Sta Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) ACE.
	tidn, or removal home	5/	<sup>28</sup> ,19.34	Mannar of injury	
(Addrass)	Grant You 0/34 19 Eva C	Benedi		24. Was disaesa or injury in eny way related to occupation of deceased?  If so, specify  (Signed)	Sub Rec
		Harteman	Registrar.	(Address) Neigherable ma	1. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance war as follows:	Date of onset	
Arteriosclerosis	1915	Attack of piles	1 week ago	
Chronic interstitial nephritis	1921	Run over by street can	1 week ago	
Cerebral hemorrhage	July 5,1927	Perdonitis	3 days ago	
		Contraction of the second		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroen terifica 19	1 year	
		V		
	1			